



Atty. Dkt. No. 053466-0409

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THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Osamu OKUDA et al.
Title: METHODS FOR TREATING
INTERLEUKIN-6 RELATED DISEASES
Appl. No.: 10/554,407
International Filing Date: 04/28/2004
371(c) Date: 10/24/05
Examiner: Prema Maria MERTZ
Art Unit: 1646
Confirmation Number: 4578

AMENDMENT TRANSMITTAL

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

[X] The fee required for additional claims is calculated below:

	Claims As Amended		Previously Paid For		Extra Claims Present		Rate		Additional Claims Fee
Total Claims:	53	-	80	=	0	x	\$50.00	=	\$0.00
Independent Claims:	10	-	15	=	0	x	\$210.00	=	\$0.00
First presentation of any Multiple Dependent Claims:						+	\$370.00	=	\$0.00

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CLAIMS FEE TOTAL = \$0.00

☒ Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

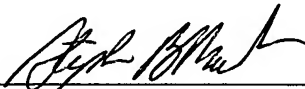
<input type="checkbox"/> Extension for response filed within the first month:	\$120.00	\$0.00
<input type="checkbox"/> Extension for response filed within the second month:	\$460.00	\$0.00
<input checked="" type="checkbox"/> Extension for response filed within the third month:	\$1,050.00	\$1,050.00
<input type="checkbox"/> Extension for response filed within the fourth month:	\$1,640.00	\$0.00
<input type="checkbox"/> Extension for response filed within the fifth month:	\$2,230.00	\$0.00
EXTENSION FEE TOTAL:		\$1,050.00
<input type="checkbox"/> Statutory Disclaimer Fee under 37 C.F.R. 1.20(d):	\$130.00	\$0.00
CLAIMS, EXTENSION AND DISCLAIMER FEE TOTAL:		\$1,050.00
<input type="checkbox"/> Small Entity Fees Apply (subtract ½ of above):		\$0.00
Extension Fees Previously Paid:		\$0.00
TOTAL FEE:		\$1,050.00

A credit card payment form in the amount of \$1,050.00 is enclosed. The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by the credit card payment form being unsigned, providing incorrect information resulting in a rejected credit card transaction, or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date April 17, 2008

By 

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